

75-Hour Certification Medication Aide Instructor Roster

Initial Roster Instructions:

This information must be typed and completed by the instructor. Submit instructor roster, application forms, and fees to the Kansas Department of Revenue after the candidates have successfully completed the course and test.

Instructor Name: _____

Sponsoring School Name: _____

Mailing Address: _____

Course number _____ Course Begins: ____/____/____ Ends: ____/____/____

Indicate below only the candidates who have successfully completed the 75- hour medication aide course and passed the state test. The initial certificate will be sent to each candidate. A \$20.00 non-refundable fee is required for each candidate at this time.

Final Roster Instructions:

The candidates on this roster satisfactorily completed the Kansas Certified Medication Aide course and test in accordance with KSA 65-1, 120.

INSTRUCTOR USE ONLY	Completed Course & Test	Challenge Test	KD58 G USE ONLY Number Verified or Assigned

Authorized Signature, Sponsoring School

Date Tested

RETURN TO: HEALTH OCCUPATIONS CREDENTIALING

1000 S. W. 10th St.
Topeka, KS 66603

Web site: www.kdhe.ks.gov